



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

TRS Office Use Only

MEMBER/RECIPIENT NAME CHANGE

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

The Teachers' Retirement System must be advised of any change in a benefit recipient's name. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient.

Personal Data

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(CURRENT NAME ON RECORD)

(Social Security Number)

(Home Mailing Address)

(City, State & Zip Code)

(_____) - _____
(Area Code & Telephone Number)

New Name: _____

(Effective Date of Change)

- **NOTE: IF ANYONE OTHER THAN THE MEMBER OR BENEFIT RECIPIENT SIGNS THIS FORM, LEGAL DOCUMENTATION GIVING THEM THE AUTHORITY TO DO SO MUST BE ATTACHED TO THIS FORM.**

(Signature)

(Date)

*IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST*